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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/642,372
Filing Date	08/15/2003
First Named Inventor	Pavcnik, et al.
Art Unit	3738
Examiner Name	J. Blanco
Attorney Docket Number	1527.103

**ENCLOSURES (Check all that apply)**

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation of POA, Change of Correspondence Address	<input type="checkbox"/> Status Letter
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<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
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<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application		
<input type="checkbox"/> <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
<b>Remarks</b> 1. Transmittal (1 page) 2. Reply and amendment (24 pages) 3. Pre-Addressed post card (1 page)		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name DUNLAP, CODDING &amp; ROGERS, P.C.

Signature

Printed name J. Matthew Buchanan

Date 11/20/2007

Reg. No.

47,459

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature

Typed or printed name J. Matthew Buchanan

Date 11/20/2007

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**Date Deposited: 11-20-2007**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Pavcnik et al.	)	Atty Dkt No:	PA-5213-CIP2
Serial No: 10/642,372	)	Examiner:	J. BLANCO
Filed: August 15, 2003	)	Art Unit:	3738
Customer No.: 42715	)	Confirmation No.:	2552

**For: IMPLANTABLE VASCULAR DEVICE**

Mail Stop - Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**REPLY AND AMENDMENT**

Honorable Sir:

The following comments and amendments are made in response to the final Office Action mailed on August 20, 2007, in respect of the above-entitled application for patent. Reconsideration of the application for patent in light of this Reply and Amendment is respectfully requested.

**Amendments to the Specification** are not presented in this paper.

**Amendments to the Drawings** are not presented in this paper.

**Amendments to the Claims** are reflected in the listing of claims, which begins on page 2.

**Remarks** begin on page 17.